



Vision Insurance

- Premium is eligible to pre-tax through NDPERS FlexComp program.
- Convenient payroll deduction.
- Freedom to choose your own vision care provider.
- Participants can take advantage of special promotions, sales and discounts.
- Participants file their own claims and know in advance exactly what benefits will be.
- Toll-free telephone number directs you to specially trained staff that can answer your questions quickly and efficiently.
- Four-tier premium structure designed to accommodate your specific coverage needs.

This summary of benefits is intended to describe only a general outline, and does not represent the actual terms and conditions of the policy. For actual terms and conditions: [Voluntary Vision Plan Handbook](#)

This summary pertains only to those who enroll during the current Annual Enrollment Season. If you are currently enrolled, please refer to the Voluntary Vision Plan Handbook for coverage information.

SERVICES	2007	2008
Vision Exam - Vision Exams are once every 12 months from date of service.	\$35.00	\$35.00
Lifetime Deductible - per person applies to frames or contact lenses only		\$40.00
Frames - Benefits will be paid for glasses or contact lenses but not both each 12 months from date of service.	Not Covered	\$40.00
Lenses – per pair of lenses - Single Vision - Bifocal - Trifocal - No-line bifocal or Progressive power - Lenticular	Not Covered Not Covered Not Covered Not Covered Not Covered	\$35.00 \$50.00 \$65.00 \$70.00 \$70.00
Contact Lenses <i>The benefit paid will be the lesser of the actual amount charged or the benefit shown above. You will be responsible for any cost over the plan benefit amounts.</i>	Not Covered	\$75.00

LATE ENTRANT PROVISION

A Late Entrant is defined as any eligible employee who enrolls in the plan after the expiration of their initial enrollment period (i.e. 31 days from either their employment date or the occurrence of a life change event).

Because the NDPERS Vision Plan became available January 1, 2003, all persons not enrolled for coverage at that time are now considered late entrants. The Late Entrant Provision allows for only the \$35 vision examination for the first 12 months of coverage.

PREMIUM INFORMATION

	Monthly Rates	Pre-tax Rates**
Employee only	\$ 5.16	\$ 3.87
Empl. & spouse	\$10.32	\$ 7.77
Empl.& child(ren)	\$ 9.40	\$ 7.08
Family	\$14.56	\$ 10.95

***Assumes 15% Federal, 2% State and 7.65% FICA tax savings by pre-tax payment of premium. Amount will vary depending on individual circumstances.*

Link to enrollment form:

[Voluntary Vision Enrollment/Change Form](#)